tainly in the earliest cases. In respect to etiology it is interesting to note that in this case, as in others previously examined, micro-organisms have not been found in the cord. Yet the possible occurrence of epidemics of infantile paralysis as recorded by Medin (*Centralbl. f. klin. Med.*, 1891), and the experimental evidence as given by Roger (*Revue de Méd.*, 1893), and more recently by Thoinet and Masselin (*Revue de Méd.*, June, 1894), strongly support the view that the disease is infectious. The last named observers injected preparations of the bacillus coli communis and the staphylococcus and determined spinal lesions at varying intervals after the inoculation, the peripheral nerves remaining intact. It is the poisons excreted by the micro-organisms that set up the disease, and this accounts for the early vascular phenomena found in the cord.

ERYTHEMA AFTER THE USE OF DIPHTHERIA ANTITOXIN.

MOUSSOUS (*Revue mensuelle des Maladies de l'Enfance*, October, 1895, p. 469) has made a study of nine cases of diphtheria treated with antitoxin in which erythema appeared. According to his observation this phenomenon occurs in one-fourth the cases—certainly a high percentage as compared with the experience of the majority of observers. Four types of eruption are recognized: 1. Generalized or localized erythema resembling the exanthem of measles, but without coryza, conjunctivitis, redness of the throat, or cough. 2. Scarlatiniform erythema, diffuse or in plaques, without sore throat, redness of fauces, or consecutive desquamation of the tongue. These two types may follow one the other in the same patient or be combined contemporaneously. 3. A nettle-rash erythema. 4. Petechial erythemia, of rare occurrence. The two latter types may be associated with the preceding two. These erythemas always have an absolutely symmetrical distribution, as upon both forearms, thighs, or cheeks. The duration is very variable, from several hours to two or three days, and the eruption may appear without fever or malaise; but most usually a decided elevation of temperature is observed. These general symptoms and fever may persist for two or three days, but usually subside with the disappearance of the erythema. A single injection of 20 cubic centimetres of serum may be sufficient to produce an eruption. This erythema, due to antitoxin, is a late manifestation appearing usually after the membranes have fallen and several days after the febrile reaction has subsided. Previous to the employment of serum-therapy an occasional cutaneous efflorescence was observed; but this was contemporaneous with the pharyngeal or laryngeal involvement, and was attended by no increase of fever. In 1500 cases Sanné observed this septic rash but 50 times, or 3.33 per cent., and Cadet de Gassicourt 37 times in 932 cases, or 3.96 per cent.

A CASE OF BRACHIAL DIPLEGIA FROM HEREDITARY SYPHILIS.

BÉZY (*Congress of Gynecology, Obstetrics, and Pediatry, Bordeaux*, 1895, in *Revue mensuelle des Maladies de l'Enfance*, September, 1895) reports the case of an infant two months old with a brachial diplegia of several days' duration. The father had contracted syphilis and had infected the mother shortly after the birth of their first child, the patient being the second.

Specific treatment effected a cure. There was no evidence of the pseudo-paralysis of Parrot. The author believes that the lesion was not in the anterior portion of the vertebral column, because of the absolute integrity of the lower limbs, but affected the nervous centres, and thinks the case should be classed with the cases recorded by Blocq (*Revue de Neurologie*, November 30, 1894), and by Vicarelli (*Arch. ital. di Pediatria*, September, 1891). The conclusion is that in cases of paralysis at this age, in the absence of the pseudo-paralysis of Parrot, it is necessary to look for a syphilitic paralysis of central origin for which mercurial treatment furnishes great chance of success.

THE ABSORPTION AND ELIMINATION OF LIME SALTS.

Some years ago Rudel published a study wherein he showed that when rhachitic infants are fed in the same manner as healthy ones their urine contains the same, or very nearly the same quality of calcium, and that in the two classes the elimination of lime salts increases equally under the administration of pharmaceutical preparations of lime. From this Rudel concluded that the absorption of lime salts from the intestine was accomplished in the same way in both rhachitic and non-rhachitic subjects, and that rhachitis should not be attributed to an insufficient absorption of the lime salts of the food.

In another series of experiments Rudel showed that the administration of acids capable of dissolving lime salts (*e. g.*, HCl) increased the elimination, and consequently the absorption of lime salts, and, *per contra*, that elimination and absorption are diminished by the administration of substances which possess the property of precipitating the lime salts (phosphate of sodium); and, finally, that absorption of lime salts is increased when the intestinal peristalsis is retarded (opium), and diminished when the contractions are increased (diarrhœa). Finally, Rudel showed that the proportion of lime salts is the same in the feces of rhachitics and of non-rhachitics when the two are submitted to the same diet or the same medication.

This work has been recently reinvestigated by REY (*Deutsche med. Wochenschrift*, 1895, No. 35, p. 569), who confirms the conclusions already drawn by Rudel. In the first series of experiments he shows that there exists a direct connection between the proportion of lime salts in the urine and those in the feces, so that a knowledge of the quantity of lime salts in the urine gives evidence of the absorption and elimination of these salts by the organism.

In another series of experiments made with rhachitics he demonstrated that the administration of a lime salt (acid acetate of lime) is followed for several days by an increase in the proportion of calcium in the urine.

In a third series of experiments the author studied the influence of phosphorated cod-liver oil, simple cod-liver oil, and phosphorus alone, upon the absorption and elimination of lime salts in rhachitics. The researches, based upon analyses of the urine, showed that the phosphorated oil decidedly increases both absorption and elimination, even more notably than the plain oil. On the other hand, phosphorus alone seemed not to exercise any influence upon either process.